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SEXPERTS! DISRUPTING INJUSTICE THROUGH HIV PREVENTION AND LEGAL RIGHTS EDUCATION WITH TRANSGENDERS IN THAILAND



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Abstract

In addition to growing epidemics of HIV transgenders in Thailand, a low awareness of how to access justice increases their vulnerability to HIV infection. This paper presents a unique case study of how one community-based and led organisations used social networking and instant messaging to address this problem among transgender community in Thailand. It describes and analyses how online peer-based health counseling integrated HIV education and prevention alongside access to justice through free university-based clinical legal education (CLE) works to empower transgenders. It argues that a community-based approach that integrates HIV prevention and education and access to justice within a wider sexual health programme, through digital technologies, is a sustainable approach for other populations disproportionately at risk of HIV. Furthermore digital media offer strategic opportunities to overcome on-going political violence alongside entrenched stigma and discrimination that disrupt denial of access to justice.

Disrupting the denial of access to justice with transgenders

Local responses to the global HIV and AIDS epidemic cannot be effective unless the human and legal rights of those infected and affected by HIV are clearly and undeniably addressed (amfAR, 2008). Globally, four decades into the HIV and AIDS epidemic, many countries, including Thailand, have adverse or unfriendly legal environments that potentially undermine the impact of HIV and AIDS outreach and prevention programmes. Thailand has been experiencing an on-going and often violent political struggle between the People's Alliance for Democracy ('Yellow Shirts') and the People's Power Party ('Red Shirts') since 2005. This social upheaval—alongside existing entrenched stigma and discrimination towards transgender communities—is precipitating negative discourses that produce increased risk of HIV infection.

As a transgender activist, researcher, peer educator and sexual health counselor (Chaiyajit) and an openly queer academic and activist (Walsh), we understand all too well that violence, stigma and discrimination are drivers of HIV vulnerability and deny access to prevention, education and care. In our collaborative work around face-to-face and online HIV education and prevention, we are constantly reminded of how transgender individuals struggle against unrelenting social exclusion caused by stigma, discrimination, violence, poverty, lack of access to housing, violations of human and legal rights, transphobia and heterosexism. In Thailand specifically, pervasive negative attitudes and violence toward transgenders are commonly condoned not only by some local police, but also by the state and society in general.

This situation makes it difficult, even impossible, for openly transgender individuals to find sustainable employment, housing and healthcare outside major cities such as Bangkok, Chiang Mai, Pattaya and Phuket. The situation is particularly dire because are transsexuals unable to legally change their gender on state identification cards, even when they have undergone gender reassignment surgery and live as women. This fact alone 'outs' them as transgender when they seek employment and housing, something gay men and lesbians do not necessarily have to deal with (Chaiyajit & Walsh, 2012). Thai media is rife with negative representations of transgenders, with the exception of a few films. Thai cinema and public television often use humour to maintain and reinforce deeply embedded and taken for granted negative stereotypes (Barea, 2012; Jackson and Sullivan, 1999). These media distortions make it difficult for transgender individuals to identify themselves openly. As a result, a

fear of identity disclosure or ‘coming out’ makes it exceedingly difficult to provide them with practical HIV education and prevention resources they need or how to access justice when their human or legal rights are violated.

This article describes our work in designing the (ThaiLadyBoyz) TLBz Sexperts!—an online peer outreach and prevention programme (OPOP)—that tackles this problem. Putting social justice at the forefront of our work, we examine how one small community-based and led organisation worked in collaboration with strategic partners to integrate contextualised HIV education and prevention alongside access to free university-based clinical legal education (CLE). First we outline the often-unrecognised situation in Thailand in regards to stigma and discrimination faced transgenders. We then provide background information on HIV prevalence and inconsistent condom use among this community that was the catalyst for our design of the programme. We next illustrate how ThaiLadyBoyz.net redesigned its peer-based community-led HIV education and prevention using social networking and instant messaging software online and on mobile phones. We highlight how the programme focuses explicitly on sexual pleasure as well as health and legal rights. We discuss the key features of the programme and elucidate implications for quality community-based and led digital interventions. We argue that disrupting denial of access to justice by leveraging digital technologies requires building trust, and continuous stakeholder involvement, to challenge the status quo while reworking and rethinking static biomedical notions of HIV prevention and education.

Tolerance?

Often referred to ‘as the land of smiles’, Thailand is generally viewed as a tolerant country in regards to its lesbian, gay, bisexual and transgender (LGBT) communities. It is also a popular travel destination for LGBT travellers who experience an open and ‘gay-friendly’ environment that appears absent of stigma and discrimination. Unlike LGBT tourists however, Thai gay men, other MSM and transgenders face extreme stigma and discrimination (Breton, 2009; Brenton and Gonzalez-Figueroa, 2009; UNESCO, 2011; WHO, 2011). This is particularly true for transgender individuals (Nakpor, 2011; UNESCO, 2011). They are also victims of gender-based violence (Egremy, Betron, Eckman, 2009). The authorities often ignore violence against transgenders because they represent a direct challenge to traditional gender norms and roles (Gilles, 2011). The people and government of Thailand tolerate these groups but many certainly do not accept them. In fact, many Thai policymakers and officials believe homosexuality is inappropriate or misdirected (UNGASS, 2010; UNAIDS, 2010).

Stigma and discrimination towards LGBT communities in Thailand

An overt example of stigma and discrimination against the LGBT community in Thailand was the cancellation of the 2nd Annual Gay Pride Parade on January 21, 2009 (Fridae, 2009; Saunders, 2009). Just before the parade started, organizers and parade participants were locked in a compound and subjected to public harassment and prejudice by the Rak Chiang Mai 51 political group, or ‘Red Shirts’. Parade participants suffered overt discrimination, some were injured, and all were prevented from leaving or entering the compound for over 4 hours while 150 police officers observed (The Nation, 2009). The parade organisers, participants and supporters responded non-violently by sitting in prayer. The Rak Chiang Mai 51 believes that LGBT individuals and parade participants were destroying traditional Thai Lanna culture by having a Gay Pride parade. They broadcasted this notion via local radio stations calling on Chiang Mai residents to come and block the parade. This overt violence publicly sanctioned and increased homophobia, transphobia, stigma and discrimination towards gay men, other MSM and transgenders. Seen in the light of the wider on-going political struggle in Thailand, this event highlighted for us that effective HIV prevention and education could only be achieved in a favourable environment where LGBT and other MSM’s rights are fully respected. The harm caused by this experience brought us together to mobilise the community, conceive of, seek funding for, design and launch peer-based online and mobile HIV prevention and education that explicitly integrated access to legal rights.

HIV prevalence among Transgenders

Current research clearly indicates that men that have sex with men (MSM)—the term used in the research literature to refer to a wide spectrum of individuals, including transgenders—are at a higher risk of contracting HIV in concentrated urban areas such as Bangkok, Chiang Mai and Phuket as well as rural provinces (Avert, n.d.). A 2008 demographic survey found that HIV incidence among MSM (this includes transgenders even though they are not ‘men’) in Bangkok increased from 17% in 2003 to 28% in 2005 and 31% in 2007. The rate of new HIV cases in Chiang Mai rose from 15.3% in 2005 to 16.9% in 2007, while rates in Phuket increased from 5.5% to 20% in the same time period (Wimonsate, et al., 2008). The survey also found that half of MSM do not use condoms and that male commercial sex workers (MSW) are at high risk of contracting HIV because they engage in unsafe sexual behaviour. Yet, some progress has been made in terms of reducing new infections:

HIV infection among men who have sex with men (MSM) remains higher and does not show any indication of declining. HIV among MSM is higher in large urban centers and important tourist locations. Nevertheless, the intensified prevention activities among this population over the past two years, especially in Bangkok, are starting to show results in terms of reduced HIV prevalence, from 30.7% in 2007 to 24.7% in 2009. (UNAIDS, 2010, p.3)

Despite the welcome decrease in HIV prevalence, UNAIDS (2010) forecasts a different scenario. Drawing on epidemiological data merged with data from ad hoc serosurveys, this report indicates an overall trend toward a continued spread of HIV. It also indicates the almost certain possibility of a return to an increasing trend among high-risk groups such as transgenders. This trend is consistent with a significant 2010 study of young MSM in Bangkok, Chiang Mai and Phuket. This study found high levels of inconsistent condom use among sexually active young MSM (15-24 years). Of the 837 participants, 29.1% were transgenders. 52.3% of transgenders reported recent inconsistent condom use (Chemnasiri et al., 2010).

A particular concern we found alongside the high levels of inconsistent condom use was the increasing use of social networking technologies and mobile phones by transgenders to potentially access more sexual partners. This trend mirrors trends noticed globally in MSM populations (Liau et al., 2006). There has also been an increasing focus among public health researchers on using online approaches for designing HIV prevention and education among gay men and MSM (Ybarra & Bull, 2007; Rosser et al., 2010). Against these trends however, we were troubled by the lack of attention to the continuing problem of unequal access to justice in community-based and HIV prevention and education for transgenders specifically. Despite the global push for human rights, LGBT individuals, specifically transgenders in Thailand, are still more likely than heterosexuals to suffer injustice.

Striving for justice because tolerance is not enough...

Against a disabling social and cultural environment and concerns with rising HIV infection, we felt it important to look wider than ‘evidence-based’ biomedical and public health perspectives on online HIV prevention and education (see Rosser et al., 2010). Often, these approaches ignore the need to address human rights and focus on rational behaviour change. They assume transgenders exposed to explicit sexual materials, vignettes, reflective journeys, videos, cartoons, and “‘hot sex’ calculators” (Rosser et al., 2010, p. 2100) through e-Learning curricula will simply reproduce the tips and tricks they are given by virtual peer educators in forums and chat rooms. However, these ‘safe sex’ messages focus on psychosocial aspects of sexuality and do not teach transgenders how to challenge harmful thinking in public spaces in ways that do not put them at harm. They also do not consider the significance of educating transgenders about the importance of knowing and accessing their basic human rights as citizens.

Consequently, we grounded our thinking in how to design and deliver effective HIV education and prevention in affirmation, solidarity and critique (Nieto, 1994) with Transgenders. We designed our OPO programmes “on the understanding that culture is not a fixed or unchangeable artefact, and it is therefore subject to critique. Passively accepting the status quo of any culture is thus inconsistent with

this level of...education” (Nieto, 1994, pp. 5-6). Thus we focused our programmes on educating transgenders about the law and human rights, drawing on the United Nation’s Universal Declaration of Human Rights, as well as their rights under the Thai constitution. We view the generative production of human rights as a necessary element of any HIV prevention and education response to the HIV pandemic in Thailand. Importantly, the Sexpert! programme discussed below is community-based and led. It is an intentional public health and legal rights strategy that deliberately stands in solidarity with transgenders to reduce stigma and discrimination through digital HIV prevention and legal rights education. This novel, yet significant, approach is paramount and timely to tactically disrupt injustice in light of increasing HIV infection rates among this community.

The programme we discuss below is an example of critical work aimed at strengthening the rule of law through clinical legal education (CLE) and outreach directed at transgenders. This is pedagogic action that transcends the notion of tolerance. This is also what led us to work closely with Bridges Across Borders South East Asia Community Legal Education Initiative (BABSEA CLE). Their goal is to provide legal knowledge and legal services to poor, vulnerable and marginalised communities. By collaborating directly with them, we were able to improve access to justice to ThaiLadyBoyz’s target population by providing resources to peer counselors that made the system and rules of law in Thailand more transparent. Thus peer counselors can simultaneously provide rights-based education alongside HIV prevention and outreach. The right-based education is provided through free clinics housed at universities, as well as through multi-platform online and mobile CLE training materials to raise awareness of rights to ThaiLadyBoyz community members and stakeholders.

Sexperts!

A ‘Sexpert!’ is essentially an expert about sex. They specialise in making peers feel comfortable talking about their sexual practices. They provide HIV, sexual health and legal rights education in non-threatening and anonymous virtual environments. A priority for Sexperts is to openly acknowledge the pleasure in having sex while discussing sex with peers online. A Sexpert understands that making a person feel guilty about their sexual practices will sacrifice any viable opportunity to discuss safe sex and personal risk to HIV. Unlike doctors, social workers or therapists, Sexperts are peers recruited from stakeholder communities who receive specialised training, practice and supervision.

The programme we implemented and currently run was collaboratively designed with the Thai transgender community. This was essential to properly contextualise peer-based HIV prevention and education. These programmes also focus the attention of these communities on understanding the laws and rights that are in the Thai constitution, particularly around access to healthcare, employment and housing.

ThailadyBoyz.net hosts the TLBZ Sexperts! and is entirely Internet based. It serves the transgender community across Thailand. Transgender volunteers staff it. The TLBz Sexperts! programme is currently funded through Bridges Across Borders South East Asia Community Legal Education Initiative (BABSEA CLE) an international non-governmental organisation, that focuses on ethically oriented legal capacity development and community empowerment to enhance access to justice in marginalized communities.

The TLBZ Sexpert! programmes was designed with funding from amfAR’s MSM Initiative received in 2009. The Swedish Federation for Lesbian Gay, Bisexual and Transgender Rights (RFSL) provided initial training and support to adapt and localise their successful “We are the Sexperts!” programme (Dennermaln and Herder, 2009). BABSEA CLE provided capacity building for collaborative research. It also assisted with continuous community stakeholder involvement in the project.

These efforts produced a 72 page manual entitled *Sexual, human and legal rights for Chiang Mai’s men that have sex with men (MSM), male sex workers (MSW) and transgender (TG) communities*. The manual is an invaluable resource for peer educators and counselors. It provides them a structured approach to support transgenders and transgender sex workers understand HIV prevention and their human, legal and sexual rights under Thai law. The manual provides a comprehensive listing of references to access local rights and referrals to health services, including free voluntary confidential

counselling and testing (VCCT) and university-based clinical legal education (CLE). The TLBz Sexperts! also make use of a number of educational digital animations to help transgenders and understand personal risk to HIV and how to access justice when an individual finds their rights violated. These animations were designed through behavioural research done by and with transgender populations. (Auhtor 2011; Author et al 2011; Authors 2010).

TLBz Sexperts!

ThaiLadyBoyz, or www.TLBZ.me an online community-based and led Internet community for transgenders launched in September 2011. The OPOP receives funding through the BABSEA CLE and the Thai CLE foundation and runs an online peer-counselling service for three hours a day, five days a week. TLBz Sexperts! is relatively small and entirely Internet based. To attract transgenders peers, the TLBz Sexperts! programme advertises its peer-counselling programme on three prominent sites: its webpage, Facebook's open and 'closed' Thai transgender groups (450 members across three groups), and the LGBTI Human Rights Thailand Group (1,861 members).

The following diagram outlines how the service was designed and delivered to peers:

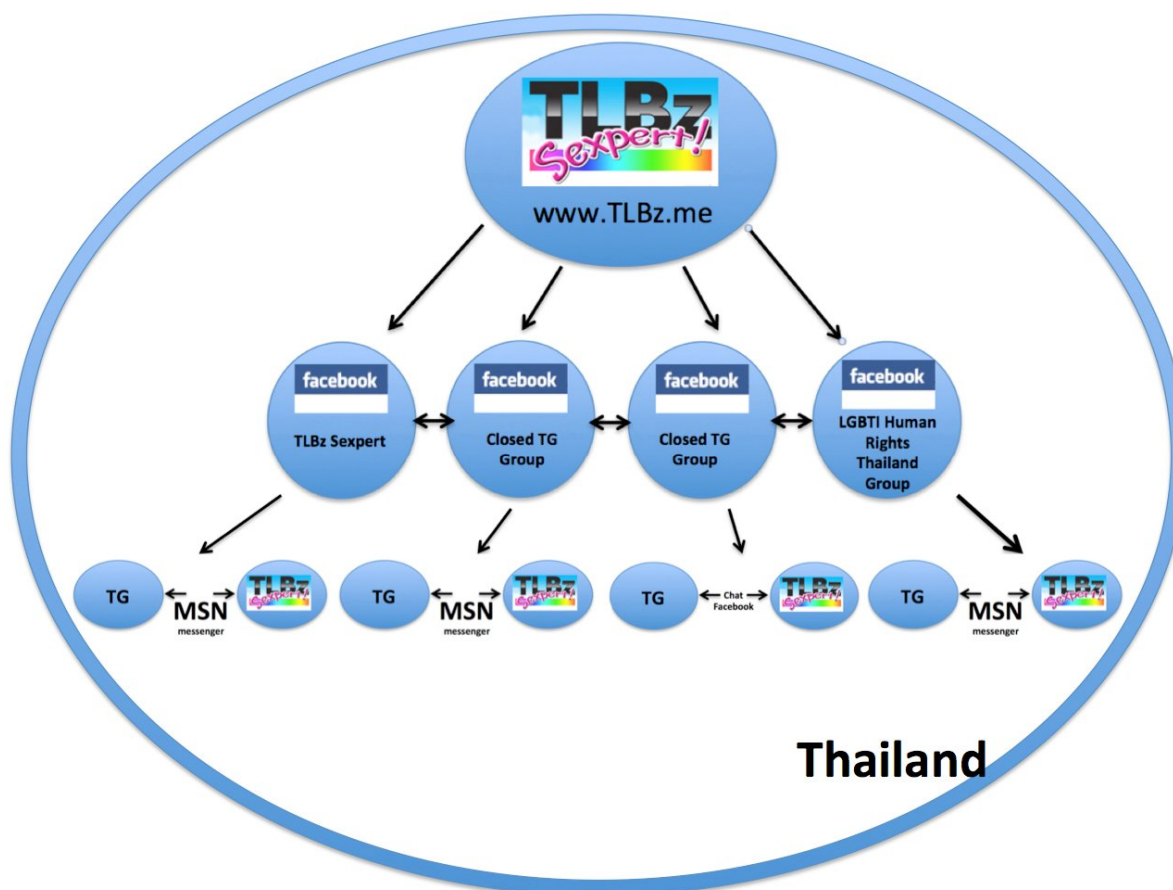


Figure 1: TLBz Sexperts! OPOP design and delivery

Regular advertisements allow members of the 4 Facebook groups know that a TLBz peer counsellor is online and can chat via MSN messenger or Facebook's chat function on any issue a transgender finds relevant.

A goal of the programme is to use the conversations as a platform for providing information on HIV prevention, sexual health and legal rights. In the next section, we highlight two examples from the online chats that show how TLBz Sexperts! positively shaped the thinking of

transgenders on sex and body issues as they came to understand and educate transgenders.

Coping with a sex change operation

- TG1-01-02-2012: Hello TLBz, are you free to chat?
- TLBz Sexpert!: Hello, TLBz Sexpert! always ready to chat?
- TG1-01-02-2012: Any topics I can ask?
- TLBz Sexpert!: Our service is provide the sexual health information for transgenders such as hormone use, surgery, general sexual health and safe sex methods. We also provide human and legal rights info and referrals to free Legal Clinics that close to where you are living.
- TG1-01-02-2012: So I had a sex change operation about 3 months ago.
- TLBz Sexpert!: Congratulations! I hope your recovery is going very well
- TG1-01-02-2012: Yes but it is still swelling and I'm not confident with it because of the smell.
- TLBz Sexpert!: About smell you can handle it. After dilation you have to clean inside with soap free shower gel and rinse with lot of water. During the day you may have to use tampons to absorb the cleaned water that still inside your in neo-vagina.
- TG1-01-02-2012: I am so worried every time that I have to use public toilet. Any suggestion for me?
- TLBz Sexpert!: To use public toilet in a theatre or shopping mall, it is a good idea to carry a small sized bottle that is approx. 300-500 cc in your bag soap free shower gel. Wash your hand before and after you urinate. Because we then have to use our hands to widen the labia to clean the neo-vagina with the water in the bottle. It is important to clean each time after you urinate because if you don't it will cause it to smell. After you clean with the water, then absorb with tissue until dry.
- TG1-01-02-2012: I never thought that post operation life would be difficult like this.
- TLBz Sexpert!: Stay strong!. Please don't get too discouraged because it's worth, isn't it?
- TG1-01-02-2012: Yes I'm so happy to have a pussy.
- TLBz Sexpert!: Any more questions to ask? We are open to talk about anything
- TG1-01-02-2012: Yes I have, but shy to say ha ha ha.
- TLBz Sexpert!: Is it about sex? You can ask, our service is confidential.
- TG1-01-02-2012: I want to know the difference between anal sex and neo-vagina? Any suggestion? I used to have anal sex only.
- Before I give the answer can you tell me whether you had skin graft

- TLBz Sexpert!: or sigmoid colon technic?
- TG1-01-02-2012: Just skin graft.
- TLBz Sexpert!: Basically skin graft technic reverses the penile skin to create the vagina wall. So human skin can't produce lubricant, thus when having sex you need to use condom together with water based lubricant. Think about when you have to do dilation, having sex is nearly the same, you just replace from the dilator a human one!
- TG1-01-02-2012: Ha ha so shy.
- TLBz Sexpert!: Of course first time should be exciting! You may have to talk with your partner, persuade him to trying to touch your vagina through foreplay. He needs to know that your pussy is not 100% similar to a genetic female. This will help both of you feel relaxed and ready to move on! So having sex with neo-vagina is different from anal because of different feel between skin graft and rectum tissue and you don't have to worry too much about the depth when having anal sex :D
- [...]
- TG1-01-02-2012: If I really want to try barebacking. I want to feel like real woman!
- TLBz Sexpert!: To feel like woman in term of having sex is about imagination. We don't know how a woman feels because we were not born female born. Even genetic female, they also have to use condom for safe sex. Thus with or with out condom is not the sign of femininity. But...finally you still really want BB, then take him to have HIV screening with you. Right now there are MSM and transgender sexual health clinic, safe and confidential.
- TG1-01-02-2012: Hmm I'm not ready for screening. So I will invite him to practice safe sex.
- TLBz Sexpert!: That's fine indeed because screening needs to be voluntary, no one can force us to get tested for HIV. But in the future if you want to go, just get back to us and we will refer you to get free testing services.
- TG1-01-02-2012: Thanks so much. It's fun chatting but I gain knowledge at the same time.
- TLBz Sexpert!: Your welcome! If you like us please tell your friends or if they use Facebook, please ask them to click "like" to our page TLBz Sexperts! And they will get updates to all kinds of information about transgender life.

In the online chat above, we see the concerns of a transgender struggling with coping with changes to her body as a result of surgery. This significant change in her life provided a basis for the Sexpert to consider how she might use the peer's lived experience to stimulate a wider discussion about sexual practices. In this online chat, we see how the Sexpert empathises with the peer's situation without judgement. As the Sexpert became aware of the peer's specific psychological issues, she went on to suggest a number of practical actions that the peer could take (use tampons, carry a small bottle). In response, the peer begins to feel comfortable enough to ask more questions about having sex. The Sexpert encourages the peer to discuss and negotiate sex with her partner and allays her fears about

feeling ‘like a woman’. Instead of teasing and scorn about a sex change operation, the Sexpert speaks of ‘imagination’ and how the ‘first time should be exciting!’ Here, the transgenders’ sexual pleasure and intimacy is valorised and supported by the Sexpert mediating her sexual practice to shift the peer’s frame of references about what is possible with her new body. Finally, the Sexpert draws the peer into HIV prevention; by assuring the peer that free ‘safe and confidential’ HIV testing is available. We thus see how the infusion of a simple online chat using low-cost MSN messenger enabled a Sexpert to share resources, information, and advice to support the transgender maximise the enjoyment of her new body. Importantly, the contact made also provided an opportunity to encourage the peer to engage her friends to access TLBz Sexperts! and build their ‘sexpertise’ through Facebook.

This approach makes sense because it focuses the online chats around issues important to transgenders. As compared to traditional peer support workshops and online peer education, this approach allows for greater customisation and tailoring of the messages to the specific needs of community stakeholders. As we see below, the increased confidence of the Sexperts allowed them to take responsibility for transgenders’ HIV education and prevention.

- TLBz Sexpert!: Hello welcome to TLBz Sexpert! services.
- TG1-18-01-2012 I want to know about KY, What is the best lubricant between KY, Vasline and body lotion?
- TLBz Sexpert!: That’s really good question :)
- TG1-18-01-2012: I have a new boyfriend. I used to try Vaseline or body lotion sometimes because it’s easy but have heard KY is better for having sex
- TLBz Sexpert!: Exactly water-based lubricant is designed for sexual activities. With water based, there is less irritation. Vasline or moisture lotion contains oil that cause condom to break.
- TG1-18-01-2012: [...]
- TLBz Sexpert!: Let’s back to the safe sex issue. From your question about KY, Vaseline and body lotion, do you use with condom?
- TG1-18-01-2012: With the first period of love I use, but with long-term partner I rarely use it.
- TLBz Sexpert!: Let me start with KY and condoms, they are the perfect match! They are like soul mates, always orgasm together! But if we separate condom by using it with Vaseline then...it can be a tragedy because condom will die because of breakage! ...
- I never realized before, I just know that KY is smoother, non greasy and non irritation. Not much about condom using...
- If I don’t want to use condom...
- TLBz Sexpert!: If you are sure that your partner is completely monogamous with to you and he never has sex with anyone accept you! Are you sure? Even yourself, can you have sex with only one guy until the rest of life?
- TG1-18-01-2012: Of course not ha ha ha, so what I should do?

TLBz Sexpert!: Do you want to get condoms and water-based lubricant for free?

TG1-18-01-2012: Yes I do! where I can get it?

TLBz Sexpert!: Where to do you live?

TG1-18-01-2012: Bangkok, water gate area.

TLBz Sexpert!: You can get it at Rainbow Sky Association of Thailand.
[...]

TLBz Sexpert!: Are you interested in blood testing? We can refer you to free services. There are MSM and TG clinic in BKK. All free and confidential... You can go with your partner. Just tell him that you want to get a health check up for free. I suggest Silom Community Clinic

TG1-18-01-2012: So can I get contact number?

TLBz Sexpert!: With pleasure! Silom Community Clinic is located at 3rd floor Bangkok Christian Hospital. Very private and peaceful. Open Tuesday-Saturday 16.00-22.00 You can call to check basic info at or 634 2917 or 02 634 2945

Mobile phone: 085 123 8738 email: silom@silomclinic.in.th

TG1-18-01-2012: Thanks again for suggestion.

TLBz Sexpert!: Bye! Feel free to get back to us

The preceding chat shows a common misconception encountered by many peer counsellors among transgenders. They often do not know that a water based lubricant is best for use with condoms to avoid breakage. Furthermore, it is important to stress that in Thailand, like many countries in South East Asia, condoms and lubricant remain expensive for many individuals. Providing knowledge of where to go to get free condoms and VCCT is important. The TLBz Sexperts have information on all of the transgender friendly free clinics and CBOs across Thailand to provide referrals to transgenders near to where they live.

In contrast to static repositories of health promotion information written by health experts, or amateur feedback in online support groups for transgenders, the chat above shows how the social interaction with a legitimate Sexpert provided knowledge infused with fun and excitement. This is evident in the use of terms like 'perfect match', 'like soul mates together', which resonate with the kinds of vocabulary used by Thai transgenders in their life. This form of pleasurable engagement between Sexperts and peers is fundamental to our redesigned approach. These are crucial entry points to bring in more sober discussions about HIV testing within the broader framing of access to health and human rights.

All chats are saved, anonymised and reviewed to make sure the peers give correct and accurate information. At the time of writing this article, the TLBz Sexperts! Programme has conducted 165 individual counselling sessions on MSN messenger or Facebook chat. They have made 35 referrals to CBOs and NGOs for VCCT as well as free condoms and lubricant. As the project gained traction, the TLBz Sexpert! team also collaboratively designed a sexual health online library and hosted 7 topical Q&A forums on www.TLBZ.me.

Conclusion

In this paper, we have presented how a small community-based and led organization in Thailand

strategically deployed digital technologies to disrupt injustice that increased the vulnerability of transgenders to HIV. Our approach has significant implications for CBOs and NGOs who wish to use low-cost technologies in contexts where social stigma and violence prevent transgenders from accessing their rights.

Firstly, the TLBz Sexperts! programmes we analysed is unique because it shows how CBOs can build bridges between disparate HIV and AIDS education, prevention and outreach, legal rights and access to justice. The programmes demonstrate the added-value of continuous stakeholder involvement.

Secondly, our approach shows that it is important for CBOs not to be seduced by the novelty of social media. CBOs need to think critically about how low-cost digital technology available—in this case MSN Messenger, and a variety of social networking sites—can be used to target peer education and counselling, optimise the use of digital resources, and provide access to rights that marginalised people may not know about. In this case, we needed to retaliate against the political and cultural persecution faced by transgenders in Thailand. We have found that the use of clinical legal education (CLE) can make a significant contribution to address the specific localised needs of a community around accessing justice under Thai law. We recommend this approach to other organisations who are keen on incorporating a rights based approach into online HIV education and prevention programmes.

Thirdly, our approach shows that modelling non-colonising culturally appropriate educational practices is vital to sustaining meaningful and relevant connections with individuals at risk. Unlike dominant public health approaches to online HIV prevention and education with marginalised communities (Rosser et al., 2009), our approach framed the problem of HIV around the broader issue of access to justice. This framing is important for community organisations. This is because the scientific interests and motives of public health researchers and practitioners often do not cater for pleasure, intimacy, sexual and legal rights as important signifiers of perceptions of access to justice among transgenders. We thus argue that public health researchers would do well to serve the cause of access to justice so as to enable marginalised communities to move outside deficit assumptions about ‘vulnerability’ and innovate broader interventions that make a difference not only to traditional behaviour change outcomes (although these in themselves are important), but also to the quality of justice experienced by stakeholders.

The Sexpert! programme developed, implemented and piloted online and mobile resources that offer new avenues to protect public health and promote human rights. The success of such innovations is not guaranteed, given the relentless push to ‘biomedicalise’ the AIDS response (Auerbach, 2012). The project, while small in scale, can have a larger impact only if the connections built through digital technologies continue to engage communities in addressing social, legal and educational barriers through each and every affected individual, without forcing them into workshops or support groups. The chats we have analysed in this paper show how this is possible with trained online peer counsellors, but we know that transgenders will continue to face stigma and discrimination relating to housing, employment, religion, and accessing justice.

Moving forward, we argue that involving CBOs and individuals in designing online safe spaces for inquiry and sharing offers funders, researchers and practitioners unique opportunities to address important questions of health and well being to reduce HIV risk at low-cost. Although the Sexperts! online approach is distinctive and has wider applicability across contexts to circumvent barriers to learning in countries which exclude gay men, other MSM and transgenders, the approach also has raised new questions and unexpected insights for us. Justice is now more than ever at the forefront of our design when we work with the daily experiences of transgenders in their digital lives.

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